



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054000044

CITY OR TOWN HOLYOKE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: E.S. GOLF CORP

DOING BUSINESS AS JOLYOKE COUNTRY CLUB

ADDRESS NORTHAMPTON HWY.

CITY/TOWN: HOLYOKE

STATE: MA

ZIP CODE: 01040

MANAGER: SUHER, ERIC

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054000102

CITY OR TOWN HOLYOKE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HONG'S, INC.

DOING BUSINESS AS BAMBOO HOUSE RESTAURANT

ADDRESS 2223 NORTHAMPTON ST

CITY/TOWN: HOLYOKE

STATE: MA

ZIP CODE: 01040

MANAGER: WONG, NEAL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054000109

CITY OR TOWN HOLYOKE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SARABSON'S INC.

DOING BUSINESS AS SHOP N GO

ADDRESS 915 MAIN STREET

CITY/TOWN: HOLYOKE

STATE: MA

ZIP CODE: 01040

MANAGER: NAWAZ, SAGHEER TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONVENIENCE STORE, NO BASEMENT, FRONT & REAR EXITS

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054000112

CITY OR TOWN HOLYOKE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HAMEL'S CATERING, INC

DOING BUSINESS AS

ADDRESS 555 NORTHAMPTON ST

CITY/TOWN: HOLYOKE

STATE: MA

ZIP CODE: 01040

MANAGER: HAMEL, MICHAEL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BANQUET HALL, LOUNGE AREA AND OUTDOOR PAVILION.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054000118

CITY OR TOWN HOLYOKE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HECTOR ARCHILLA

DOING BUSINESS AS ARCHIE'S MINI MART

ADDRESS 81 N. BRIDGE STREET

CITY/TOWN: HOLYOKE

STATE: MA

ZIP CODE: 01040

MANAGER: ARCHILLA,  
HECTOR

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL FOOD W/ TWO ENTRANCES.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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DISAPPROVED: ☐

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LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054000120

CITY OR TOWN HOLYOKE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Jose Bou

DOING BUSINESS A Salsarenque Restaurant

ADDRESS 392 High St

CITY/TOWN: HOLYOKE

STATE: MA

ZIP CODE: 01040

MANAGER: Bou, Jose

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

25x74 one entrance and one exit

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054000121

CITY OR TOWN HOLYOKE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Holyoke Lodging Associats, LLC

DOING BUSINESS AS Homeward Suites

ADDRESS 375 Whitney Ave

CITY/TOWN: HOLYOKE

STATE: MA

ZIP CODE: 01040

MANAGER: MARKS, PETER

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

hotel

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054000122

CITY OR TOWN HOLYOKE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J. D. Wal, Inc

DOING BUSINESS AS Dino's Pizza Restaurant

ADDRESS 615 Homestead Ave

CITY/TOWN: HOLYOKE

STATE: MA

ZIP CODE: 01040

MANAGER: Patel, Sanjay P.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2500 sq ft bldg. One entrance and exit

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054000123

CITY OR TOWN HOLYOKE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CARL'S PIZZA INC.

DOING BUSINESS AS TNT PIZZA

ADDRESS 548 SOUTH STREET

CITY/TOWN: HOLYOKE

STATE: MA

ZIP CODE: 01040

MANAGER: WILLIS, TOM

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2800 SQ. FT. .FREE STANDING BUILDING..PARKING IN REAR..CUSTOMER ENTRANCES FRONT &  
BACK..EMPLOYEE ENTRANCE IN KITCHEN

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054000125

CITY OR TOWN HOLYOKE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A & A SHELL LLC

DOING BUSINESS AS A & A SHELL

ADDRESS 820 HIGH STREET

CITY/TOWN: HOLYOKE

STATE: MA

ZIP CODE: 01040

MANAGER: AKMAN, JOHN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GASOLINE SERVICE STATION AND CONVENIENCE STORE

I hereby certify and swear under penalties of perjury that:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054000126

CITY OR TOWN HOLYOKE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE LOG CABIN BANQUET AND MEETING HOUSE INC.

DOING BUSINESS AS WYCKOFF BANQUET ROAD

ADDRESS 233B EASTHAMPTON ROAD

CITY/TOWN: HOLYOKE

STATE: MA

ZIP CODE: 01040

MANAGER: ROSSKOTHEN,  
PETER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BANQUET ROOM WITH BAR

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054000127

CITY OR TOWN HOLYOKE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ELMWOOD PROP. ASSOCIATION

DOING BUSINESS AS THE DAM CAFÉ

ADDRESS 2014 NORTHAMPTON STREET

CITY/TOWN: HOLYOKE

STATE: MA

ZIP CODE: 01040

MANAGER: LONG, CELEST  
PRAY

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Cordials

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CAFÉ/OFFICE HOUSE APPROX. 2000 SQ FT, 1 FLOOR, STREET LEVEL WITH OPEN CONCEPT

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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